



Have you previously studied at Wentworth Institute? No Yes (WIN Student ID: _____)

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other (_____)

Gender: Male Female Other (_____)

Family Name:

Given Name(s):

Previous Name: (if applicable)

Preferred Name:

Date Of Birth: dd/mm/yyyy

Country of Birth:

Citizenship:

Passport Number:

Expiry Date:

Phone Number:

Email:

Current Residential Address:

Suburb: State: Postcode:

Home Country Address (if different from above):

Suburb: State: Postcode:

Phone Number:

AGENT/REPRESENTATIVE INFORMATION

Agent Name:

Contact Person:

Email:

Phone Number:

VISA/IMMIGRATION DETAILS

Do you hold an Australian temporary entry permit or visa?

Yes No

If yes, please provide a copy along with the following details:

Visa Type: _____ Visa expiry Date: ___/___/___

Do you have a USI (Unique Student Identifier) from the Australian Government?

Yes (USI Number _____) No

Have you, your spouse or any dependents ever been refused a visa to Australia or any other countries?

Yes (Country _____) No

OVERSEAS STUDENT HEALTH COVER

Do you wish to purchase Overseas Student Health Cover (OSHC) through Wentworth Institute?

Yes (Single Couples Family) No

PREFERRED INTAKE

Year: _ _ _ _

March July
 September (Canberra MIT & MPA only)
 November

CAMPUS

Sydney Canberra

COURSE SELECTION

*** Courses only offered in Sydney Campus**

Undergraduate	<input type="checkbox"/> Diploma of Business
	<input type="checkbox"/> Bachelor of Business (Management)
	<input type="checkbox"/> Bachelor of Business (Human Resource Management)
	<input type="checkbox"/> Bachelor of Business (Information Systems)
	<input type="checkbox"/> Bachelor of Business (Professional Accounting) *
	<input type="checkbox"/> Bachelor of Interactive Media *
	<input type="checkbox"/> Bachelor of Information Technology
Postgraduate	<input type="checkbox"/> Graduate Certificate in Business
	<input type="checkbox"/> Graduate Diploma in Business
	<input type="checkbox"/> Master of Business (Human Resource Management)
	<input type="checkbox"/> Master of Business (Information Systems)
	<input type="checkbox"/> Master of Business (Business Administration)
	<input type="checkbox"/> Graduate Certificate in Professional Accounting *
	<input type="checkbox"/> Graduate Diploma in Professional Accounting *
	<input type="checkbox"/> Master of Professional Accounting
	<input type="checkbox"/> Master of Information Technology

RECOGNITION OF PRIOR LEARNING

Do you wish to apply for Recognition of Prior Learning?

Yes No

If yes, please provide the following evidence:

- Copies of subject outlines, including learning outcomes, topic list, assessment details, contact hours/study workload
- Originals or certified copies of certificates and transcripts



ENGLISH LANGUAGE PROFICIENCY

Is English your first language?
 Yes No (Main Language spoken at home _____)

Please indicate if you have taken one of the following English tests:
 IELTS PTE TOEFL Other _____
 Score _____ Test date _____

PREVIOUS EDUCATION

Name of Institution:	
Location:	
Name of Qualification:	
Years Attended:	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution:	
Location:	
Name of Qualification:	
Years Attended:	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Institution:	
Location:	
Name of Qualification:	
Years Attended:	Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

Name of Employer/Company:	
Location:	
Position Held:	Years Employed
Name of Employer/Company:	
Location:	
Position Held:	Years Employed
Name of Employer/Company:	
Location:	
Position Held:	Years Employed

DISABILITY ASSISTANCE

Do you have a disability, impairment or long term medical condition which may affect your studies?
 Yes (please provide details _____)
 No

STUDENT DECLARATION

- I declare that, to the best of my knowledge, the information provided by me is true and complete in every way
- I am aware of the tuition and living costs associated with studying the course and I am prepared to meet these costs. I have read and understood my responsibilities regarding Overseas Student Health Cover and my student visa requirements.
- I will be bound by the rules and procedures of WIN and pay the prescribed tuition fees for which I am liable. I am aware that failure to pay the fees could lead to suspension from the course and cancellation of my student visa.
- I declare that I have read and understood the course entry requirements available at WIN's website: www.win.edu.au/future-students/admission-criteria/
- I understand that my personal information may be shared with the Australian Government and designated authorities. This information may include: personal and contact details, course enrolment details and changes and circumstances of any suspected breach of student visa conditions.
- I understand that because WIN is under Simplified Student Visa Framework (SSVF) arrangements, I will be assessed as a Genuine Student/Genuine Temporary Entrant. My reasons for studying a Higher Education course at WIN in Sydney will be genuine and truthful. I understand that if I provide false and misleading information my visa may be cancelled.
- I agree to receive electronic communications from WIN.
- I give WIN authority to verify the authenticity of the documents provided, including checking with previous institutions, immigration, and other relevant authorities.
- I understand that if I provide incorrect or incomplete information, this may result in the cancellation of my enrolment.

Student Name: _____

Student signature: _____

Date (dd/mm/yyyy) _____